

SUPPORT QUESTIONNAIRE

Instructions:

You must answer all questions and fill in all the blanks whether shaded or not.

COMPLETE ONE FORM FOR EACH PARENT ABSENT FROM THE HOME OR EACH UNMARRIED FATHER IN THE HOME.

Use ink. Print answer. Check Yes, No, or Unknown.

Use a separate piece of paper if you need more room.

SECTION 1 - COMPLETE THE FOLLOWING ABOUT YOURSELF

NAME (FIRST, MIDDLE, LAST)	MAIDEN NAME	SSN	BIRTHDATE	BIRTH PLACE	RACE
HOME STREET ADDRESS, APARTMENT NUMBER		CITY	STATE	ZIP	TELEPHONE NUMBER ()
YOUR RELATIONSHIP TO CHILDREN		YOUR RELATIONSHIP TO ABSENT PARENT/UNMARRIED FATHER IN THE HOME <input type="checkbox"/> Spouse <input type="checkbox"/> Ex-Spouse <input type="checkbox"/> Friend <input type="checkbox"/> Other			

SECTION 2 - COMPLETE THE FOLLOWING ABOUT THE PARENT ABSENT FROM THE HOME OR UNMARRIED FATHER IN THE HOME

A. NAME (FIRST, MIDDLE, LAST)	SSN	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	BIRTHDATE	BIRTH PLACE	
LAST KNOWN STREET ADDRESS, APARTMENT NUMBER	HEIGHT	WEIGHT	EYE COLOR	HAIR COLOR	RACE
CITY	STATE	ZIP	SCARS, BIRTHMARKS, TATTOOS, NICKNAMES, ETC.		
WHEN WAS THIS ADDRESS CURRENT?	TELEPHONE NUMBER ()	WHEN DID YOU LAST HEAR FROM OR GET MAIL FROM THIS PARENT?		DOES THIS PARENT LIVE WITH YOU? <input type="checkbox"/> YES <input type="checkbox"/> NO	
B. WHAT KIND OF INCOME DOES ABSENT PARENT HAVE? <input type="checkbox"/> Earnings <input type="checkbox"/> UIB/DIB <input type="checkbox"/> Social Security <input type="checkbox"/> None <input type="checkbox"/> Other	LAST KNOWN EMPLOYER				
STREET ADDRESS		TELEPHONE NUMBER ()			
CITY	STATE	ZIP	TYPE OF WORK		
WHEN DID THIS PARENT LAST WORK HERE?		UNION MEMBER? <input type="checkbox"/> YES, UNION NAME <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN			
UNION ADDRESS:					
C. DOES THIS PARENT HAVE HEALTH INSURANCE FOR THE CHILDREN? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	WHO IS COVERED?				
NAME OF INSURANCE	POLICY NUMBER		DATE OF COVERAGE		
D. PARENTS ARE OR HAVE BEEN <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED DATE _____ DATE _____ WHERE _____ WHERE _____ <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> LIVING TOGETHER					
E. IS THERE A COURT ORDER FOR SUPPORT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PENDING	AMOUNT ORDERED \$	HOW OFTEN?	DATE OF COURT ORDER	COURT ORDER NUMBER	LOCATION OF COURT (COUNTY & STATE)
HOW DOES THE PARENT PAY? <input type="checkbox"/> TO YOU <input type="checkbox"/> TO COUNTY <input type="checkbox"/> PAYS HOUSEHOLD BILLS <input type="checkbox"/> PAYROLL DEDUCTION <input type="checkbox"/> OTHER	WHEN DID PARENT LAST PAY?		HOW MUCH? \$		
F. NAME OF A FRIEND OR RELATIVE OF ABSENT PARENT	RELATIONSHIP TO ABSENT PARENT		TELEPHONE NUMBER ()		
ADDRESS (NUMBER AND STREET)	CITY		STATE	ZIP	
G. DOES THIS PARENT OWN ANY MOTOR VEHICLES? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	MAKE	MODEL	YEAR	LICENSE NO.	STATE
H. DOES THIS PARENT OWN A HOUSE, LAND, BUILDINGS, OR BANK ACCOUNTS <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	WHAT/WHERE				
I. IS THIS PARENT CURRENTLY ON PROBATION OR PAROLE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	WHAT COUNTY OR STATE?				
J. HAS THIS PARENT EVER BEEN IN JAIL OR PRISON? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	IF YES, WHEN/WHERE				
K. HAS THIS PARENT EVER BEEN IN THE MILITARY <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	IF YES, WHEN/WHAT BRANCH				

SECTION 3 - CHILDREN (IN YOUR HOME) OF THIS ABSENT PARENT OR UNMARRIED FATHER (✓) Sex

NAME OF CHILD	<input type="checkbox"/> M <input type="checkbox"/> F	SSN	BIRTHDATE - -	BIRTHPLACE, CITY, STATE	<input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN <input type="checkbox"/> YES; DATE SIGNED COUNTY
NAME OF CHILD	<input type="checkbox"/> M <input type="checkbox"/> F	SSN	BIRTHDATE - -	BIRTHPLACE, CITY, STATE	<input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN <input type="checkbox"/> YES; DATE SIGNED COUNTY
NAME OF CHILD	<input type="checkbox"/> M <input type="checkbox"/> F	SSN	BIRTHDATE - -	BIRTHPLACE, CITY, STATE	<input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN <input type="checkbox"/> YES; DATE SIGNED COUNTY
NAME OF CHILD	<input type="checkbox"/> M <input type="checkbox"/> F	SSN	BIRTHDATE - -	BIRTHPLACE, CITY, STATE	<input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN <input type="checkbox"/> YES; DATE SIGNED COUNTY

SECTION 4 - SUPPORT ENFORCEMENT SERVICES (MEDI-CAL ONLY)

☐ I don't want other child support enforcement services.

SIGNATURE 	DATE
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